

2018



Application Form

SENIORS SUBSIDIZED APARTMENTS

- Each applicant should be age 65 or over
- Each applicant must be functionally independent
- Each applicant must have a core housing need (low to moderate income)
- Rent is based on 30% of gross household income (before deductions)

The Bethany Group Office Use Only

Name: _____

Date Received: _____

Applications can be dropped off at the service centre during business hours.

**Pets may be considered for these facilities; check with the Manager.*

Camrose Service Centre

4612 – 53 Street, Camrose, AB T4V 1Y6

Tel: 780-679-2002

Fax: 780-679-3054

Email: Housing.Camrose@bethanygrp.ca

Bawlf: Sanden Court _____
Camrose: Heritage Manor _____
Parkview Place _____
Willdrose Villa _____

Forestburg Service Centre

4401 – 47 Street, Forestburg, AB T0B 1N0

Tel: 780-582-0007

Fax: 780-582-7392

Alliance: EO Lysne Manor _____
Daysland: West Side Manor _____
Forestburg: Big Knife Villa _____
Galahad: Wheatland Manor _____
Hardisty: Parkland Manor _____
Heisler: Cozy Corner _____
Killam: Manitou Manor _____
Lougheed: Frontier Manor _____
Verdant Valley Villa _____
Sedgewick: Prairie Rose Place _____
Strome: Wavy Lake Manor _____

Lacombe Service Centre

4622 C&E Trail, Lacombe, AB T4L 1M9

Tel: 403-782-4118

Fax: 403-782-4119

Email: Housing.Lacombe@bethanygrp.ca

Alix: Lakeview Manor _____
Bashaw: Heritage House I & II _____
Lakeside Home _____
Bentley: Oxford Court _____
Blackfalds: Tower Manor _____
Eckville: Golden Villas _____
Ferintosh: Beaver House _____
Lacombe: Cameron Manor _____
Parkview Manor _____
Spruce Terrace _____
Mirror: Lamerton Place _____
New Norway: Nordic Villa _____

Parkland Service Centre

4045 – 50 Avenue, Innisfail, AB T4G 1B2

Tel: 403-227-4180

Fax: 403-865-4361

Email: karen.marshall@bethanygrp.ca

Bowden: Bow-Glen Court _____
Westview Manor _____
Innisfail: Dodds Lake Manor _____
Poplar Grove Court _____
Penhold: Penhold Royal Manor _____

Wetaskiwin Service Centre

300, 4501 – 60 Street, Wetaskiwin, AB T9A 1X7

Tel: 780-352-4435

Fax: 780-352-4458

Email: Housing.Wetaskiwin@bethanygrp.ca

Millet: John A. Smith Manor _____
Wetaskiwin: Kiwanis Kourt _____
Legion Arms _____
Luther Manor _____
Wetaskiwin Meadows _____

I understand this application does not constitute an agreement on the part of The Bethany Group or its agents to provide me with rental accommodation.

I further acknowledge the right of The Bethany Group or its agents at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize The Bethany Group or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel further consideration of my application.

I further agree that I am obligated to advise The Bethany Group or its agents **in writing** of any changes in family composition, gross family income, assets, employment, or change of address, should they occur.

I further agree the information provided by me pertains to all persons named within this application.

I further agree to give permission for current or past landlords and employers to release any information which directly affects this application for subsidized housing.

Applicant

Co-Applicant

To be signed in the presence of a Commissioner for Oaths in and for the Province of Alberta. This service is provided at our office without charge at the time of your interview.

DOMINION OF CANADA) IN THE MATTER OF THIS APPLICATION FOR DWELLING
PROVINCE OF ALBERTA) ACCOMMODATION IN THE HOUSING PROJECT.
TO WIT:)

I/We, _____ of the _____ of _____, in the Province of Alberta, do solemnly declare as follows:

1. That I am/we are the applicant(s) named in the said application;
2. That the statements made by me/us in the said application are to the best of my/our knowledge, information, and belief, full and true in all respects;
3. That I/we have resided in the Province of Alberta for _____ years of my life/our lives, and in this district for _____ years.

And I/we make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me _____)

at the _____ of _____)

in the Province of Alberta, this _____ day)

of _____, 20_____)

Signature of Applicant

Signature of Co-Applicant

A Commissioner for Oaths in and for the Province of Alberta

My appointment expires on: _____ Print or Stamp Name here: _____

PLEASE READ CAREFULLY

Instructions for completing application:

Applications will not be processed unless all documentation is provided and all questions are fully answered. If a question does not apply to your situation, mark N/A in the section. Space is provided for any other information of which you would like us to be aware of.

You are required to provide the following:

1. Documentation to verify income
 - ✓ A copy of your most recent federal **Notice of Assessment**
 - ✓ A copy of your most recent **Income Tax Return & tax receipts**
 - ✓ Verification of **Alberta Seniors Benefit**
 - ✓ A **current bank statement**, showing any direct deposits of federal or provincial seniors' payments. Statement must show your name and address.
2. Proof of residency
 - ✓ Last 3 months' rent receipts or lease, if renting your current accommodation
 - ✓ Alberta Health Care card

It is your responsibility to contact this office to **report in writing any changes** in your circumstances such as family composition, contact information, financial information etc.

If a translator was required to complete this application, please provide the following:

Translator's Name

Telephone Number

The personal information being collected on this form is pursuant to the Freedom of Information and Protection of Privacy Act Section 33(c). Information required on this application is in keeping with the Alberta Housing Act and Alberta Residential Tenancies Act. Information acquired on this form will be kept secure and access is restricted. If you have any questions about the collection, contact the FOIP Coordinator at The Bethany Group Office, 4612 - 53 St., Camrose, AB T4V 1Y6. The phone number is (780) 679-2000.

APPLICATION FOR SUBSIDIZED ACCOMMODATION

(CONFIDENTIAL)

Please answer all questions AND please print or type.

1. Applicant's name: (Last) _____ (First) _____
Home phone: _____ Cell: _____ Email: _____
Alberta Health Care No.: _____ Birthdate: _____
Month/day/year

2. Co-Applicant's name: (Last) _____ (First) _____
Home phone: _____ Cell: _____ Email: _____
Alberta Health Care No.: _____ Birthdate: _____
Month/day/year

3. Are you a Canadian Citizen? Yes No If no, provide copies of immigration papers.

4. Present Address: _____

Municipality _____ Postal Code _____

5. Do you rent or own your present accommodation? Rent Own
If you own your home, what is the value of it? \$ _____

6. Present rent or house payment is \$ _____ per month, plus
\$ _____ for heat, \$ _____ for light and \$ _____ for water and sewer.

7. Present Landlord Name: _____
Address: _____
Telephone number: _____

What date did you move to this address? _____

8. Present Accommodation: House Townhouse Apartment
Rooming House Hotel/Motel Other _____

9. Rooms in your present accommodation include: Kitchen Living Room Dining Room
Number of Bedrooms _____ Number of Bathrooms _____

10. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes No
If no, specify: _____

11. Is your stove, refrigerator, cupboards; counter space and sink, all located in your kitchen? Yes No
If no, specify: _____

12. Do you share any part of this accommodation with person(s) other than those in this application?

Yes No If yes, how many other persons? No. of adults _____ No. of children _____

What part of the accommodation is shared? _____

Do you pay rent? Yes No If No, do you contribute financially? Yes No

If yes, specify:

13. Do you or any members of your household require special needs accommodation?

Yes No If yes, specify _____

14. Do you have pets? Yes No If yes, what kind and how many? _____
(Pets are **not** approved in **all** of our accommodations, check with the Manager.)

15. List previous residential tenancies for the past 2 years beginning with the most recent. *Please use a separate sheet if more room is required than provided.*

Previous Landlord Name	Address	Phone Number	Length of Time at Address	Monthly Payment	Reason for Leaving

16. Have you rented subsidized housing before? Yes No When? _____
Where? _____

17. **Reasons for wanting to move.** Health Safety Financial Location Eviction Other

Please use the following space to describe your present accommodation and to provide any additional information you would like us to be aware of which would assist in assessing your application for subsidized housing. *Please use a separate sheet if more room is required than provided.*

If you have been given a "Notice to Vacate", please submit a copy of the notice stating the reason for eviction.

18. Family Doctor Name: _____ Telephone Number: _____
Address: _____

19. Emergency Contact Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

20. DRIVER'S LICENSE #: Applicant _____ Co-applicant _____

Vehicle (1) _____
Year Make Model Color License Number

Vehicle (2) _____
Year Make Model Color License Number

21. **STATEMENT OF INCOME**

All information regarding your income must be complete and accurate and must be verified by the most recent Notice of Assessment, the Income Tax Return and/or a current Bank Statement.

FINANCIAL INCOME DESCRIPTION	Monthly Income	Monthly Income
	APPLICANT	CO-APPLICANT
Old Age Security		
Guaranteed Income Supplement		
Alberta Seniors Benefit		
Spousal Allowance		
Canada Pension Plan (Widow, Orphan)		
Company Pension		
Veterans Allowance		
War Disability Pension		
Employment Income*		
AISH		
Income Supports		
Alimony		
Interest		
Other Income – Specify		
Sub-Total Monthly Income		
INVESTMENTS	Monthly Interest Income	Monthly Interest Income
Bank Accounts – Chequing & Savings		
R.R.S.P.'s / R.R.I.F.'s		
Term Deposits / GIC's		
Stocks		
Bonds (Canada Savings Bonds / AB Bonds)		
Annuities		
Other – Specify		
Sub-Total Investment Income		
TOTAL MONTHLY INCOME		

ASSETS	DOLLAR VALUE	
House		
Vehicle		
Cottage		
Recreational Vehicle (Boat, motorhome, etc.)		
Real Estate		
Other – Specify		
Other – Specify		

(NOTE: Essential personal and household effects such as clothing and furniture are not included as assets.)

* Employment Income must be verified with an Employment Verification Form available from the office and Income from Self-Self Employment must include the submission of a Financial Statement subject to review by The Bethany Group.

RESPONSIBLE PARTY STATEMENT

DIRECTIONS FOR COMPLETION:

Please print clearly in all sections, and make sure that all blanks are properly filled. This statement is to be signed by an adult living outside of the facility. Couples cannot use each other as the responsible party, as we will expect that you will answer for each other if one of you should become disabled or incapacitated. This statement is to assist us in the event that you should become incapacitated during your tenancy. All information is confidential and required only in case of an emergency.

APPLICANT'S NAME: _____

PERSON OR PERSONS ASSUMING EMERGENCY RESPONSIBILITY FOR THE ABOVE APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____

Postal Code: _____

HOME PHONE #: _____

WORK PHONE #: _____

OTHER PHONE #: _____

RELATIONSHIP TO APPLICANT:

NAME: _____

ADDRESS: _____

CITY: _____

Postal Code: _____

HOME PHONE #: _____

WORK PHONE #: _____

OTHER PHONE #: _____

RELATIONSHIP TO APPLICANT:

I (we) certify that I (we) will be totally responsible for the above named applicant in the event that the applicant is unable to answer for him/herself, once they become a tenant in a Bethany facility. If the tenant does not abide by the rules, regulations, and the tenancy agreement as signed with The Bethany Group, I (we) agree to remove the tenant from the building within thirty (30) days of being notified. I (we) further agree that The Bethany Group's decisions are final and binding on all parties concerned. I (we) understand that if the tenant is assessed and is deemed to require additional services such as Home Care in order to continue living independently, and they refuse the service, the tenant will be requested to find alternate accommodation. If the requirements are beyond the capability of outside services to supply, I (we) will be requested to find alternate accommodation for the tenant and assist in supplying the tenants' needs until such time as alternate accommodation is arranged.

Signature of responsible parties: _____

Date: _____ Print name of Witness: _____

Witness Signature: _____

Housing Manager: _____